



STATE OF NEW HAMPSHIRE

DEPARTMENT OF ENVIRONMENTAL SERVICES
UNDERGROUND INJECTION CONTROL PROGRAM
6 HAZEN DRIVE, PO BOX 95
CONCORD, NEW HAMPSHIRE 03302-0095
(603) 271-2858

HOLDING TANK REGISTRATION FORM

Facility Information

Facility Name: _____ Type of Facility: _____

Address: _____

City/Town: _____ State: _____ Zip: _____

E-mail: _____

Facility Owner Information

Owner Name: _____ Phone Number: (____)____-_____

Mailing Address: _____

City/Town: _____ State: _____ Zip: _____

E-mail: _____

Property Owner Information (complete only if different from facility owner)

Owner Name: _____ Phone Number: (____)____-_____

Mailing Address: _____

City/Town: _____ State: _____ Zip: _____

E-mail: _____

Please describe the wastewater characteristics:

Please describe how the contents of the holding tank will be disposed of.

Please attach a sketch of the site, showing holding tank location and any other structures on the site. Include a separate locus map or sketch that would allow a person unfamiliar with the site to find it.

To the best of my knowledge, the information I have provided on this form is true and correct. I will notify DES if I do not act according to the intentions I have stated on this form.

Signature of Facility Owner

Date Signed